Together for Quality
Alabama Medicaid Agency
STATUS REPORT
August 8, 2008

I. Policy Workgroup

The Policy Workgroup met July 9, 2007. The primary focus of the meeting was to begin discussion on the long term governance model for health information exchange in Alabama. The FORE State Health Information Exchange Initiative Development Workbook was used as guide for the discussion. It was recommended that workgroup members research models already implemented in other states to evaluate effectiveness. Contact will be made with counterparts in those states to try to obtain various perspectives. The Workgroup will not meet again until September 10, 2007. It is hoped that conference calls with representatives from other states to question their models can be arranged on this date.

Report submitted by Agency Co-chair: Kathy Hall;   Community Co-chair: Mike Horsley

II. Finance Workgroup

III. Privacy Workgroup

Extensive participation in the development of the Request for Proposal (RFP) and the evaluation process.

Agency Co-Chair Bill Butler

IV. Technical Workgroup

As of today, the Technical Workgroup has met all required objectives in accordance with our assigned list of tasks. The Technical Workgroup continues to hold weekly conference calls each Wednesday at 2:00 p.m. to discuss and resolve issues.

Technical Workgroup submitted a middleware Enterprise Service Bus (EBS) on how the Alabama Department of Finance Information Services Division (ISD) Chief Information Officer (CIO) of Alabama sees its role in this project. TFQ grant funds were approved by the TFQ Project Manager pending the final approval of the Commissioner for the outright purchase of BizTalk by bid through State Purchasing and ISD. The BizTalk solution received purchasing concurrence from the TFQ Steering Committee and the Agency implemented action to acquire this product.

According to our group, at this time, we do not see a need to refocus or re-prioritize any task. Some of the Technical Workgroup members are gearing up for RFP evaluation process.

Agency Co-Chair Lee Maddox

V. Clinical Workgroup

The Clinical Workgroup held conference calls on July 11th and July 25th.

The items for discussion during the July 11th call were updates to the codes used to determine the Annual Eye Exam diabetes measure, the Asthma QI logic, proposed care management algorithm for asthma, pilot counties and the presentation of baseline measures. Members discussed the revision of the codes included in the Annual Eye Exam measure. Dr. McIntyre recommended the addition of CPT codes 67101-67112, 67141-67145, 67208-67218, 67227, 67228, 92018, 92019, 92225, 92226, 92235, 92240, 92250, 92260 and 92287. She explained that she had gone back to review the national data and that while the AMA measures did not include these codes that they were in the DOQ-IT Analytical Dataset. There was some discussion and the group agreed to include these codes. Dr. McIntyre indicated that this baseline measure would be rerun and the information brought back to the group.

The group was then asked to review the Asthma QI logic and the logic was explained. They were asked if they had any problems with the measures or needed anything clarified. The group was told that they would be sent the logic and would be allowed to comment on it before it was given to the Agency statistical staff to run the queries needed to establish the baselines.

The asthma care management algorithm was presented and the group was asked to comment on it. They were told the reasons for recommending this particular algorithm:

a. The care management intervention will mirror that already implemented by ADPH in a few areas for ALLKids. The advantage is that it will not require providers to be aware of two separate programs.
b. There is already a training mechanism in place through ADPH that will allow Agency identified coordinators and others to be trained.
c. Resources necessary for care management have already been identified for counties recommended by ADPH.

The proposed pilot counties identified by ADPH for care management were presented; Tuscaloosa, Lamar, Pickens, Calhoun, Talladega, Montgomery, Bullock and Pike. Dr. Raulerson indicated that the only change she saw that needed to be made to the asthma care management algorithm was to include a contact with the doctor before patients are called.

Members were told to review the asthma algorithm and the QI logic being sent to them and to send any comments via email to Dr. McIntyre by COB on July 18, 2007.

The next conference call was held on July 25th. Dr. McIntyre indicated that one item that needed to be reviewed again involved the diabetes Annual Eye Exam measure since additional codes had been added to the logic per the concurrence of the group. The additional CPT codes added were 67101-67112, 67141-67145, 67208-67218, 67227, 67228, 92018, 92019, 92225, 92226, 92235, 92240, 92250, 92260 and 92287. The addition of these codes resulted in a change from 23.53% to 27.14% (3.61% difference). The group was asked to look at the table of the diabetes QI measures and at the benchmarks which were based on 2005 HEDIS measures. There was some discussion but no changes were requested.

The group was provided a copy of the final asthma QI logic with the recommended changes of the asthma experts incorporated. The denominator for the asthma measures has been determined and there are almost 60,000 Medicaid recipients who have been identified as being asthmatic.

The group was notified that a letter and survey were being sent to Patient 1st providers in the pilot counties discussed during the last call to get some idea of their computer access and asking for volunteers to participate as part of the pilot. Dr. McIntyre asked the group for suggestions on how to get providers to participate if the response to the survey was weak. Would members be willing to call other physicians in their area if needed? She indicated that she was hoping that all TFQ Clinical Workgroup physicians were going to participate. A copy of the letter and survey would be sent to Clinical Workgroup members as an FYI. A question was asked about provider incentives to participate. Members were advised of the plan to provide mini grants to providers in the pilot group who needed equipment such as computers, tablets, etc. in order to access the electronic clinical support tool and hoped that this would provide some incentive to participate. There was some discussion as to size of the pilot and members were advised that the number would be less than the 500 PMPs originally noted in the TFQ proposal.

The final agenda item involved a discussion on methods and process for encouraging adoption of the electronic clinical support tool. The group was informed of the Agency's plan to work with ADPH and the HID academic detailers to provide the necessary care management resources and told that a meeting had been scheduled with the Alabama Extension Service to determine what resources they have and their interest in working with the TFQ project and of the need to identify all outside resources available to assist with this project due to limited Agency staff resources. The group presented the following ideas as ways to increase adoption of the electronic clinical support tool and chronic disease care management:

- Utilize the *Alabama MD* for articles identifying the pilot counties and asking for participation

- Send letter to President of the County Associations in the targeted counties
- Send letter to hospitals for the targeted counties (ask Rosemary Blackmon for contact information)
- Consider article in *The Friday Letter,* the weekly newsletter of the Hospital Association.

The group did not think that Town Hall meetings or forums would be effective but that it would be better to use the above sources with one-on-one trainings.

The meeting dates for the month of August for the Clinical Workgroup are **August 8th and August 22nd, 5:00pm.**

Next Steps

- Review asthma QI baselines
- Develop diabetes care management algorithm
- Write articles for use in newsletters and identify op-ed opportunities for placement
- Develop logic and determine baselines for additional prioritized diseases; cardiovascular disease, stroke, COPD, and obesity

Agency Co-chair Dr. Mary G. McIntyre, Additional Co-Chairs Drs. Christine Ritchie and John Searcy

VI.   Second Solicitation
The Agency did submit a second grant proposal for additional transformation grant funds. To date no additional information has been received. CMS expects to make award announcements no later than September 30, 2007.

VII.   Request for Proposals (RFP) for Vendor Services
The RFP was released on June 28, 2007. Vendor questions were received and a vendor conference was held. The Agency received 15 Letters on Intent and subsequently received 7 proposals. The evaluation process is underway with award anticipated no later than August 17, 2007. The contract does have to be approved by the Legislative Contract Review Committee before finalization.

The next Stakeholder Meeting will be September 12th at 1:00 pm in the Medicaid Boardroom.